

Student Name:		Purpose of Meeting <input type="checkbox"/> Initial Eligibility, IEP, Placement <input type="checkbox"/> Change (complete date and area that changed) <input type="checkbox"/> Three Year Reevaluation <input type="checkbox"/> Dismissal from Services Date: _____			
Effective Date of Services:					
Special Education Placement Category (Please circle one) <table border="0"> <tr> <td style="vertical-align: top;"> School Age 6-21 0100 - Regular Classroom with modifications 0110 - Resource Classroom 0120 - Self-Contained Classroom 0130 - Separate Day School 0140 - Residential facility 0150 - Home/Hospital Program </td> <td style="vertical-align: top;"> Preschool – Ages 3-5 (even if the student is enrolled in K) 0315 - Early childhood program 80% -100% 0325 - Early childhood program 40-79% 0330 - Early childhood program less than 40% 0335 - Separate class 0345 - Separate school 0355 - Residential facility 0365 - Home 0375 - Service provider location </td> </tr> </table>		School Age 6-21 0100 - Regular Classroom with modifications 0110 - Resource Classroom 0120 - Self-Contained Classroom 0130 - Separate Day School 0140 - Residential facility 0150 - Home/Hospital Program	Preschool – Ages 3-5 (even if the student is enrolled in K) 0315 - Early childhood program 80% -100% 0325 - Early childhood program 40-79% 0330 - Early childhood program less than 40% 0335 - Separate class 0345 - Separate school 0355 - Residential facility 0365 - Home 0375 - Service provider location	Instructional Program Type (This is determined by the coding used for the Cost Analysis completed by business manager or special ed. director) (Please circle one) A. Programs for Mild to Moderate Disabilities B. Programs for Severe Disabilities C. Speech Only D. Early Childhood (ages 3-5) E. Day Program F. Residential Program G. Homebound Program	
School Age 6-21 0100 - Regular Classroom with modifications 0110 - Resource Classroom 0120 - Self-Contained Classroom 0130 - Separate Day School 0140 - Residential facility 0150 - Home/Hospital Program	Preschool – Ages 3-5 (even if the student is enrolled in K) 0315 - Early childhood program 80% -100% 0325 - Early childhood program 40-79% 0330 - Early childhood program less than 40% 0335 - Separate class 0345 - Separate school 0355 - Residential facility 0365 - Home 0375 - Service provider location				
Special Education Primary Disability Areas: (Please circle one) 0500 - Deaf-Blind 0505 - Emotionally Disturbed 0510 - Cognitive Disability 0515 - Hearing Loss 0525 - Specific Learning Disabled 0530 - Multiple Disabilities 0535 - Orthopedic Impairments 0540 - Vision Loss 0545 - Deafness 0550 - Speech/Language Impairments 0555 - Other Health Impaired 0560 - Autism 0565 - Traumatic Brain Injury 0570 - Developmentally Delayed		Multiple Disability Areas: 0505 - Emotionally Disturbed 0510 - Cognitive Disability 0515 - Hearing Loss 0525 - Specific Learning Disabled 0530 - Multiple Disabilities 0535 - Orthopedic Impairments 0540 - Vision Loss 0545 - Deafness 0550 - Speech/Language Impairments 0555 - Other Health Impaired 0560 - Autism 0565 - Traumatic Brain Injury 0570 - Developmentally Delayed Multiple Disability 1 _____ Multiple Disability 2 _____ Multiple Disability 3 _____ Multiple Disability 4 _____ Multiple Disability 5 _____			
Special Education Services: (Please indicate the number of hours or exit date) Physical Therapy _____ Recreational Therapy _____ Audiological Services _____ Speech/Language Therapy _____ Occupational Therapy _____ Psychological Services _____ School Nurse Services _____ Orientation & Mobility Services _____ Counseling Services _____ Social Work Services _____ Other Therapy Services _____ (Use for Medical Services, Interpreting Services, Parental Counseling/Training and Other)		Assistive Technology Yes / No Transportation Yes / No Significant Cognitive Disability (Coded by SD DOE) IEP Program Exit Reason 01 - No longer received Sped Service 02 - Graduated with regular high school diploma 04 - reached maximum age 05 - died 06 - moved known to be continuing 07 - moved not known to be continuing 08 - dropped out 09 - refused services 10 - Completed ISFP prior to reaching maximum age for Part C 11 - Change in IEP 12 - Student Continues			